

Ohio Campaign Finance Report

05 JUN 10 PM 1:54

			Prescribed by Secr	etary of State 3/0:	i		77. 1 2 Y 40.	J.A.A.C	LIN	COHA	i∓γ
Full Name of Committee							Registrat	ton Numi	et, if P/	ICE ()]	IONS
Friends For Porter C	Committee	<u> </u>									
Full Name of Candidate											
Jeffrey D. Porter											
Street Address					Office Sought				District		
2528 Bloxom St					Fr. Cty.	Muni	. Ct Ju	dge			
City						S	tate	Zip Cod	;		
Grove City						0	Н	431	23	_	
Type of Report	Pre-Primary	X	Post-Primary	Pre	-General		Post-Ger	neral		Annual	Year
(place X to the left of report	July	_	August	Sep	tember					Semian	nual
type)	Monthly		Monthly	Mo	nthly		Termina	ion			
Amended Report? Yes Vo	Report El	ectronically Yes	filed?	Date of Elec	tion	1	м 1	0	8	0	Y 5
						<u> </u>				1~	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	S	
I. Amount brought forward from last report	Ψ	3,233.13
2. Total monetary contributions (From Form No. 31-A)	 \$ 	1,485.00
3, Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,718.13
5. Total monetary expenditures (From Form No. 31-B)	\$	2,774.00
6. Balance on hand (line 4 minus line 5)	\$	1,944.13
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	475.79
Value of in-kind contributions made (From Form No. 31-J-2)	\$	170.77
Outstanding loans owed by committee (From Form No. 31-C).	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
""""""""""""""""""""""""""""""""""""""	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
Value of independent expenditures made (From Form No. 31-U) For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN T	HIS REPORT IS MADE UNDER T	THE PENALTY OF ELECTION FALSIFICATION.	WHOEVER
COMMITS ELECTION FALSIFICATION	N IS GUILTY OF A FELONY OF J	THE FIFTH DEGREE	
Laurel Beatty, Treas		and Beatly	<u>06/10/05</u>
Print Name and Title (Treasurer and Deputy T	reasurer only) Signa		Total
Contribution	Expenditure	Other	
pages 2	pages 2	pages 2	pages 6

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Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends For Porter Committee									
Full Name of Contributor			-	Regist	ration	n Numl	oer, if PA	.c	
John Lowe IV									
Street Address	Employe	r/Occupa	tion/Labor Organization*	Form (Cash, Check, e					eck, etc.)
362 Piedmont Rd	Att	orney	7					check	
City	St	ate	Zip Code	M	- 1	D	Y	Amount	
Columbus	0	H	43214	0 4					200.00
Full Name of Contributor				Regist	ratio	n Numl	ber, if PA	C	
Lawrence F Feheley									
Street Address	Employe	er/Occupa	tion/Labor Organization*					Form (Cash, Che	eck, etc.)
843 Old Woods Rd	Att	orney						check	
City	St	ate	Zip Code	М		D	Y	Amount	-0.00
West Worthington	0	Н	43235		_	2 2		<u> </u>	50.00
Full Name of Contributor				Regist	ratio	n Num	ber, if PA	vC.	
Richard Pettit									
Street Address	Employe	er/Occupa	ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
874 Mohawk	Ret	ired						check	
City	S	tate	Zip Code	М		D	Y	Amount	
Columbus	0	H	43206			2 2			500.00
Full Name of Contributor				Regis	tratio	n Num	ber, if PA	AC	
Andrew W Whapman									
Street Address	Employ	er/Occupa	ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
2391 Lyncross St	LV	V Ass	ociates					check	
City	S	tate	Zip Code	M		D	Y	Amount	50.00
Grove City	0	H	43123			0 2			50.00
Full Name of Contributor				Regis	tratio	n Num	ber, if PA	AC	
Kathy Owens									
Street Address			ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
2550 Tucker Trail	Cit	y of C	Columbus					check	
City	S	tate	Zip Code	M		D	Y	Amount	400.00
Lewis Center	0	H	43035			1 9			100.00
Full Name of Contributor				Regis	tratio	n Num	ber, if PA	AC	
Friends For Thomas									
Street Address	Employ	er/Occup	ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
41 S High St Ste 2600							·	check	
City		tate	Zip Code	M		D	Y	Amount	050.00
Columbus	0	H	43215				0 5		250.00
Full Name of Contributor				Regis	tratio	on Nun	ber, if P	AC	
Contributions from Form 31-E		* 4.							
Street Address	Employ	er/Occup	ation/Labor Organization*					Form (Cash, Ch	neck, etc.)
								1	
City	S	State	Zip Code	M		D	Y	Amount	
								<u> </u>	335.00
Full Name of Contributor				Regis	stratio	on Nun	nber, if P	AC	
Street Address	Employ	/er/Occup	eation/Labor Organization*					Form (Cash, Cl	heck, etc.)
City	- 5	State	Zip Code	M	Т	D	Y	Amount	
			deser If contributor is self emr	larged th		aumatic	m and the	name of the	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,485.00

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D	\sim	2517	ı۸

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends For Porter Committee						
To Whom Paid			M D		Amount	
Buckeye Printing & Mailing			0 5 1	3 0 5	<u></u>	750.00
Address	Purpose				_	
217 N. Grant Ave.		ed Campaign Palr	n Cards			
City	State	Zip Code	Check Numb			
Columbus	$O \mid H$	43215		05	التحريب	
To Whom Paid			M I		Amount	740.00
Patio Printing			0 4 2	8 0 5	<u> </u>	610.00
Address	Purpose	1				ľ
6663 Huntley Rd.	Palm Ca		— Ia			
City	State	Zip Code	Check Numb			
Columbus	$O \mid H$	43229		04	A	
To Whom Paid			M I		Amount	1 250 00
Watts Group, LLC			0 5 1	6 0 5	<u> </u>	1,250.00
Address	Purpose	Manager				
950 Carroll Eastern Rd		gn Management	Charles	ar.		
City 5	State	Zip Code 43105	Check Numb	^{рег}		
Baltimore	O H	1 43103	M I		Amount	
To Whom Paid				2 0 5		164.00
Expenditures from Form 31-F	In		01010	141013		104.00
Address	Purpose					
67	State	Zip Code	Check Numb	per		
City	State	Lip Code	Chook Hulli			
T- Whom Daid	<u> </u>		M I	D Y	Amount	
To Whom Paid						
Address	Purpose					
Liumitas						
City	State	Zip Code	Check Numb	ber		
		_				
To Whom Paid			M I	D Y	Amount	
"						
Address	Purpose					
City	State	Zip Code	Check Numb	ber		
To Whom Paid			M	D Y	Amount	_
					<u> </u>	
Address	Purpose			. —	_	·
City	State	Zip Code	Check Num	ber		
·						
To Whom Paid			М	D Y	Amount	
Address	Purpose					
City	State	Zip Code	Check Num	noer		

Page Total \$ 2.774.00

31-E R.C. 3517.10(B)

Event Date	4/21/05
Page	4
1	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Friends For Porter Committee Registration Number, if PAC Full Name of Contributor Steve O. Campbell D Amount Employer/Occupation/Labor Organization* Street Address 35.00 Self-employed 250 East Stewart Ave Apt D Zip Code Form(Cash,Check,etc) City 43206 check Columbus Registration Number, if PAC Full Name of Contributor Thomas C. Tootle Amount Employer/Occupation/Labor Organization* Street Address 50.00 0 | 4 | 2 | 1 | 0 | 5 5971 Hildenboro Dr Attornev Form(Cash,Check,etc) Zip Code 43017 check Dublin Registration Number, if PAC Full Name of Contributor **Iames P Connors** Amount Employer/Occupation/Labor Organization* Street Address 50.00 0 4 2 1 0 5 Attorney 221 S High St Zip Code Form(Cash,Check,etc) State 43215 check Columbus Registration Number, if PAC Full Name of Contributor John Ernest Employer/Occupation/Labor Organization* 50.00 2 1 0 4 0 | 5 1169 Katy Meadow Court Attorney Form(Cash,Check,etc) Zip Code 45324 check Η Fairborn Registration Number, if PAC Full Name of Contributor SYNC Consulting Group LTD Employer/Occupation/Labor Organization* 0 | 5 50.00 0 4 2 1 LTD 1138 Cleveland Ave Form(Cash,Check,etc) Zip Code check 43201 **COlumbus** Registration Number, if PAC Full Name of Contributor Chris Corso D Amount Employer/Occupation/Labor Organization* Street Address 100.00 0 4 2 1 Self Employed 87 W Main St Form(Cash,Check,etc) Zip Code 43215 Cash Η Columbus Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Street Address Form(Cash,Check,etc) Zip Code State City

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	Page Total \$ 335.00
235.00		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-F R.C. 3517.10

Event Date	
Page	5

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Friends For Porter Committee		<u></u>		1 34	D	Y	Amount
To Whom Paid				M			164.00
Camelot Cellars	Purpose		<u> </u>	JUID	0 2	0 5	104.00
Address OFO No. 41 J.J. 1. C4	1	mbus	,				
958 North High St	Columbus State Zip Code Check Number						
City Columbus	0	Н	43201		107		
To Whom Paid			10201	М	D	Y	Amount
10 whom raid							
Address	Purpose				<u> </u>	<u>•</u>	
	ŀ	,	*				
City	St	ate	Zip Code	Check Number			
To Whom Paid			-	М	D	Y	Amount
							<u></u>
Address	Purpose						
				12			
City	St	ate	Zip Code	Check Number			
	l	<u> </u>	*	- 1	D	Y	Amount
To Whom Paid				M		1	Allowit
	Purpose						
Address	Purpose						
Cit.	State Zip Code			Check Number			
City							
To Whom Paid		<u></u>		М	D	Y	Amount
TO WHOM I are]
Address	Purpose						
City	State Zip Code			Check 1	Vumber		
To Whom Paid				М	D	Y	Amount
							<u> </u>
Address	Purpose	:					
		1.		lo: 13			
City	S	tate	Zip Code	Check	Number		
		<u></u>		M	D	Y	Amount
To Whom Paid				IVI			
	Purpose						<u> </u>
Address	rurpose	•					
		tate	Zip Code	Check	Number		
City	3	lac	Z.p Code				
		1					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ ____164.00

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D	c	3517	10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends For Porter Committee								
Full Name of Contributor	Employer Occur	oation, Labor Organization *	Registration Number, if PAC					
	Employer, Occup			,				
Christie Angel	Description of Its	M	D	Y	Fair Market Value			
Street Address		Description of Item or Service event deposit			0 5			
600 S. Grant		0 6	0 2 d at Fund					
City	State	Zip Code	Received	YES	aising E	Vent: ✓ NO		
Columbus	OH	43206			100			
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Diane Lazor		Kegler Brown						
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value		
65 E State St		Banner	0 4	2 7	0 5			
City	State	Zip Code	Received at Fundraising Event?					
Columbus	$O \mid H$	43215		YES		✓NO		
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *			ber, if P	AC		
Chris Pettit		Attorney						
Street Address	Description of It		М	D	Y	Fair Market Value		
66 Walcreek Drive West	, .	d & Beverage	0 4	2 1	0 5	254.79		
	State	Zip Code		d at Fund				
City	1	43230		YES		Пио		
Gahanna		H 43230 Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Full Name of Contributor	Employer, Occu	pation, Labor Organization	Registra	illon Nun	iber, ii i i	nc .		
			M	T 5	T 7/	Train Manhan Walne		
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
				<u> </u>		<u>.l</u>		
City	State	Zip Code	Receive	d at Fund	raising E			
				YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Nun	ber, if P.	AC		
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
		•						
City	State	Zip Code	Receive	d at Fund	raising E	Event?		
City	1	1		YES		NO		
C HAY - CC Co	Employer Occu	pation, Labor Organization *	Registra	tion Nun	ber, if P.	AC		
Full Name of Contributor	Employer, Occu	punon, 2200. 0.8			•			
D. Live Claw or Com		tom or Carriag	M	D	Y	Fair Market Value		
Street Address	Description of I	Description of Item or Service			1	1 11 11 11 11 11 11 11 11 11 11 11 11 1		
		The sale	- In-	d at Fund	lasiain a T	7		
City	State	Zip Code	Receive	YES	maising r	No		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nun	nber, if P	AC		
<u> </u>			M			·		
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
Ì	i				Received at Fundraising Event?			
City	State	Zip Code	Receive		draising I			
1 "				YES		NO		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		ation Nur	nber, if P	AC		
I WILLIAM OF COMMONDA		-						
Charact Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
Street Address	Description of 1		M			İ		
	State	Zip Code	Receive	ed at Fun	draising l	Event?		
City	State	Zip Code		YES	·· · · ·	NO		
				J 1100				

Page Total \$ 475.79

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]